

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/03/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 08G013	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/13/2018
NAME OF PROVIDER OR SUPPLIER MARY CAMPBELL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4641 WELDIN RD WILMINGTON, DE 19803		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	<p>INITIAL COMMENTS</p> <p>An unannounced annual survey was conducted at The Mary Campbell Center from 3/6/18 through 3/13/18. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census the first day of the survey was 67. The survey sample size was 10.</p> <p>Abbreviations used in this report are as follows: ADON - Assistant Director of Nursing; ED - Executive Director; CNA - Certified Nurse's Aide; DON - Director of Nursing; LPN - Licensed Practical Nurse; NHA- Nursing Home Administrator; RN - Registered Nurse; cm - centimeter (unit of measurement); Comprehensive Functional Assessment - An assessment involving resident and all professions involved in their care and services; EMR - electronic medical record; Epithelial - new skin cells that are a different color [usually white or pink] from surrounding area; Pressure Ulcers (PUs) - sore area of skin that develops when blood supply to it is cut off due to pressure; Stage I (1) - intact red skin often over a boney area that does not turn white/light (blanche) when pressed Stage II (2) - blister or shallow open sore with red/pink color Stage III (3) - open sore that goes into the tissue under below the skin. How deep it is depends on the amount of tissue under the skin. Stage IV (4) - open sore so deep that muscle, tendon or bone can be seen/felt</p>	W 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Regina Coffey

Executive Director

4-11-18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 000	Continued From page 1 Unstageable - actual depth of the ulcer cannot be determined due to the presence of slough (yellow, tan, gray, green or brown soft dead tissue) and/or eschar (hard dead tissue that is tan, brown or black. Eschar is worse than slough. Deep Tissue Injury (DTI) - Purple or maroon intact skin or blood-filled blister. May start as tissue that is painful, mushy, firm, boggy (wet, spongy feeling), warmer or cooler than surrounding tissue.	W 000			
W 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interview it was determined that for one (C4) out of 10 sampled residents the facility failed to accurately assess a pressure ulcer. Findings include: The facility's Skin Integrity Report used to document assessments of pressure ulcers prior to putting data in the EMR documented under pressure ulcer staging "Stage II: clear, filled blister or superficial ulcer with epithelial tissue (no measurable depth, no slough), Stage III: granular base, may have slough and/or eschar necrotic tissues- but depth is still apparent". The following was reviewed in C4's clinical record: 2/8/18 9:25 PM - progress note documented "2/7/18 3-11 shift: Assessed wound to sacrum. Initially categorized as two wounds (separated by	W 331	SECTION A (Individual Impacted) Resident C4 pressure ulcer was appropriately assessed and staged by the DON. SECTION B (Identification of other residents) All residents with wounds have the potential to be affected by this practice. All wound assessments completed within the last 30 days will be audited to ensure accurate pressure ulcer staging. SECTION C (System Changes) Licensed nursing staff will be reeducated on staging pressure ulcers (Attachment A – training materials) by the Staff Educator/ designee to ensure pressure ulcers are assessed accurately and reflect correct pressure ulcer stage.		

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W 331	<p>Continued From page 2</p> <p>epithelial) now one wound measuring 1.3 cm x 2 cm x <0.1 cm....Wound contains 40% slough and 60% granulated tissue..."</p> <p>2/14, 2/21, and 2/28/18 - Nursing Wound and Skin Record document the pressure ulcer as stage II and the appearance as "granulation".</p> <p>3/5/18 1:40 PM - Progress note "late note from 3/4/18 3-11 shift...it is noted that the wound was 100% slough, with undermining around the entire perimeter..."</p> <p>The presence of 100% slough would make the wound unstageable.</p> <p>3/7/18 - Nursing Wound and Skin Record document the pressure ulcer as stage II and the appearance as "slough".</p> <p>3/13/18 12:30 PM - Interview with E4 (RN) revealed that a wound nurse on the 3-11 shift assesses the wounds weekly. The improper staging was reviewed and confirmed.</p> <p>3/13/18 12:44 PM - The improper staging of the pressure ulcer was reviewed with E2 (DON).</p> <p>These findings were reviewed with E1 (ED/NHA) and E2 on 3/13/18 at 2:15 PM.</p>	W 331	<p>SECTION D (Success Evaluation)</p> <p>An audit tool has been developed (Attachment B) to address assessment and staging of wounds. Nurse Managers/designees will assess resident's pressure ulcers to ensure the pressure ulcers are assessed and documented accurately. Audits will be conducted weekly for eight consecutive weeks, followed by monthly audits until 100% compliance is attained for two consecutive months. Random audits will be conducted as needed, thereafter. Audit results will be reviewed quarterly by the Quality Assessment and Assurance Committee.</p>	05/10/18
W 371	<p>DRUG ADMINISTRATION</p> <p>CFR(s): 483.460(k)(4)</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician</p>	W 371	<p>SECTION A (Individual Impacted)</p> <p>A Self-Administration of Medications Assessment (Attachment C) was completed by a Neighborhood Nurse Manager for Resident C3 on April 6, 2018.</p>	

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W 371	<p>Continued From page 3 does not specify otherwise.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview it was determined that the facility failed to ensure a current assessment of self-administration of medication was conducted for one (C3) out of 10 sampled residents. Findings included:</p> <p>3/29/17- Comprehensive Functional Assessment documented (yes) that C3 self-administers medication.</p> <p>12/7/17 - Care Plan - C3 has history of misplacing personal items as evidenced by forgetfulness related to cerebral palsy. One of the interventions include the resident will turn wallet into nursing for secure storage.</p> <p>2/28/18 - Physicians Order - May leave [name of facility] with essential prescribed medications dispensed by pharmacy and administered by resident, staff nurse, family member, or significant other. Original order date was 5/22/17.</p> <p>3/12/18 1:30 PM - Interview with E3 (Nurse Manager) revealed the Functional Assessment does not include an actual observation to determine proficiency of self-administration medication.</p> <p>3/13/18 1:00 PM - Interview with E5 (Case Manager) revealed she was unaware of a formal assessment to validate C3's ability to continue to self-administer medications in the community.</p> <p>3/13/18 1:35 - Interview with E3 and (E7) RN confirmed that they do not have an assessment</p>	W 371	<p>SECTION B (Identification of other residents) The medical records of residents with physician orders to self- administer medication will be audited by Neighborhood Nurse Managers/designees to determine if Self-Administration of Medications Assessments have been completed accurately.</p> <p>SECTION C (System Changes) The Medication Self- Administration policy and procedure has been revised. (Attachment D) The Staff Educator/designee will educate licensed nursing staff on the revised policy to ensure Self- Administration of Medications Assessments are accurately completed at least annually for residents with physician orders to self-administer medication.</p> <p>SECTION D (Success Evaluation) The medical records of residents with physician orders to self- administer medication will initially be audited (Attachment E) by Neighborhood Nurse Managers/ designees to ensure a Self- Administration of Medications Assessments have been completed.</p>	

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W 371	Continued From page 4 to validate that C3 is still proficient at self-administration of medication. During the interview the care plan for forgetfulness and misplacing of items was discussed as indicator to validate his continued independence in self-administration of medication in the community. E3 and E7 agreed that C3 should be assessed and observed for proficiency. These findings were reviewed with E1 (ED/NHA) and E2 on 3/13/18 at 2:15 PM.	W 371	SECTION D (Success Evaluation, Cont.) Then, the medical records of residents with physician orders to self- administer medication will be audited (Attachment F) monthly by the Quality Assurance/Performance Improvement Nurse/designee. Audits will be discontinued after 100% compliance is attained for three consecutive months. Audit results will be reviewed quarterly by the Quality Assessment and Assurance Committee.		05/10/18



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long Term Care
Residents
Protection

DHSS - DHCQ
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 1 of 1

NAME OF FACILITY: Mary Campbell Center

DATE SURVEY COMPLETED: March 13, 2018

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced annual survey was conducted at The Mary Campbell Center from 3/6/18 through 3/13/18. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census the first day of the survey was 67. The survey sample size was 10.</p>		
3201	Regulations for Skilled and Intermediate Care Facilities		
3201.6.0	Services To Residents		
3201.6.3	Nursing Administration		
3201.6.3.2	<p>Treatments and medications ordered by a physician shall be administered using professionally accepted techniques in accordance with 24 Delaware Code, Chapter 19.</p> <p>This requirement is not met as evidenced by:</p> <p>Cross refer to the CMS 2567-L survey completed March 13, 2018: W331.</p>		
3201.6.8	Medications	<p>SECTION A (Individual Impacted) A Self-Administration of Medications Assessment (Attachment C) was completed by a Neighborhood Nurse Manager for Resident C3 on April 6, 2018.</p>	
3201.6.8.1	Medication Administration		

Provider's Signature Regina J. Coffey Title Executive Director Date 4/11/18



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3201.6.8.1.6	<p>An individual resident may self-administer medications upon the written order of the physician, following determination by the interdisciplinary team that this practice is safe. The facility shall establish policies and procedures pertaining to the security of self-administered medication.</p> <p>This requirement is not met as evidenced by:</p> <p>Cross refer to the CMS 2567-L survey completed March 13, 2018: W371.</p>	<p>SECTION B (Identification of other residents) The medical records of residents with physician orders to self-administer medication will be audited by Neighborhood Nurse Managers/designees to determine if Self-Administration of Medications Assessments have been completed accurately.</p> <p>SECTION C (System Changes) The Medication Self-Administration policy and procedure has been revised. (Attachment D) The Staff Educator/designee will educate licensed nursing staff on the revised policy to ensure Self-Administration of Medications Assessments are accurately completed at least annually for residents with physician orders to self-administer medication.</p> <p>SECTION D (Success Evaluation) The medical records of residents with physician orders to self-administer medication will initially be audited (Attachment E) by Neighborhood Nurse Managers/designees to ensure a Self-Administration of Medications Assessments have been completed. Then, the medical records of residents with physician orders to self-administer medication will be audited (Attachment F) monthly by the Quality Assurance/Performance Improvement Nurse/designee. Audits will be discontinued after 100% compliance is attained for three consecutive months. Audit results will be reviewed quarterly by the Quality Assessment and Assurance Committee.</p>	05/10/18

Provider's Signature Regina J. Colby Title Executive Director Date 4/11/18